



THE

CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - WM. BOERICKE, M. D.

VOL II. SAN FRANCISCO, MAY, 1884. No. 3.

EDITORIAL.

The most important event in the history of Homœopathy on this coast will take place next month. The Hahnemann Medical College of San Francisco—for years the dream of all well wishers of our cause here, as it was the goal of all their efforts, will then become a living and working reality—the Hahnemann Medical College of San Francisco will then open its doors to students, and the first course of lectures on Homœopathy and the collateral sciences pertaining to medicine, more especially as related to practical Homœopathy, will then be delivered.

Since its first inception, enthusiastic and earnest men in our midst have spared neither time nor labor to make this crowning effort of our school here a success. They pursued what, after mature consideration, was deemed the fairest and most appropriate method to enlist everyone's interest in this object, and so offered to the profession at large shares in the stock of the proposed college. The stockholders had

the whole management of the institution. Thus no one who cared to have a voice was excluded. The Directors were very fortunate in procuring the lease of an excellent building in the very center of the city, easily accessible from all quarters, and one moreover that has been used for medical instruction by our friends of the old school for years past. It has been entirely refitted and made more attractive than it has ever been.

Every Homœopathic physician throughout the land ought to rejoice that the field is extensive and promising enough to warrant such an undertaking, and the men who have thus far shouldered the responsibilities ought to receive every support and sympathy. Especially does this devolve upon our Pacific Coast physicians, who ought now to come forward and make this beginning a medical school in every way worthy of our cause and its representatives here. Send your students, contribute to the library, museum, and take an interest in all the doings of the College, and this will then be enabled to become a worthy peer of her sister colleges throughout the land, and do more to advance the cause of Homœopathy and gain for it recognition and influence, than all our other efforts combined.

ORIGINAL ARTICLES.

CHRONIC DIARRHŒA.

By A. W. McNEIL, M. D., JEFFERSONVILLE, IND.

Dr. Peyton R. Mayo, 328 Fulton street, Jeffersonville, Ind., a retired Allopathic physician, came to me for treatment of a diarrhoea contracted in the Mexican War, in which he was a company officer and afterwards surgeon. The doctor was wounded in six places. He is 67 years old, and has exhausted the resources of the old school, which in the 37 years of his disease has given him no substantial benefit. When the discharges exhaust him he takes large

quantities of extract of logwood, which control the discharges but do not ameliorate his condition. In a short time the attack returns. He does not eat fruit or vegetables, with the exception of Irish potatoes, but confines himself to them and cold fat pork. Has a great craving for vinegar, which he uses immoderately. Has great thirst for water, but drinking it causes nausea and vomiting. His bowels are not under his control but pass off involuntarily, so that he is compelled to wear a napkin. He is emaciated to 95 pounds stripped; when he entered the service he weighed 190. Has taken much Calomel, Quinine, *Fowler's Solution of Arsenic*, etc. Micturition frequent, copious and painful; has to get up three or four times a night. The discharges from his bowels are attended by prolapsus ani, which also comes when walking, and is very painful. Always sleeps with his feet outside the bed-clothes summer and winter. The rectum, when prolapsed, reveals many ulcers, red and elevated, looking, he says, like strawberries, and surrounded by a black base. Sometimes has a sensation of a ball starting from the rectum and going up to the stomach, and there causes vomiting. Says there is albumen in the urine.

After giving him Arsenicum in higher potencies with but little benefit, gave him, on September 13th, 1883, Arsenic 9, six pellets every two hours.

September 21st. Is very much better. Sacc. lac.

October 2d. Move twice a day, natural in character; but a bad attack of colic last night. Arsenic 30, one powder.

October 5th. Diarrhœa this morning, with frequent copious discharges. Gave six powders Arsenic 12, every three hours.

October 8th. Five passages to-day; two last night. Arsenic 12, four pellets, every three hours.

October 31st. Is better, appetite good; no vomiting or gastric troubles. Arsenic 15, twelve powders, every three hours.

November 6th. Has three or four painless movements a day; some prolapsus; ulcers healed; "eats like a dog."

All of these potencies have been prepared by myself from

B. & T.'s 6th; gave him Arsenic 30, twelve powders, every three hours.

November 20th. Bowels natural; drinks much, but water refreshes; is getting strong; ran 100 yards without exhausting himself. Arsenic 100, one powder.

November 22d. Prolapsus troubles him. Arsenic 100, six pellets, every three hours.

December 5th. Night of 29th had a violent attack of diarrhoea. Arsenic 100, in water, every three hours for a day and a half.

December 7th. Feels well; bowels natural; prolapsus every movement of bowels.

January 3d, 1884. Had a bad attack Christmas night which he attributed to turkey. Thirst, nausea and vomiting. Arsenic 200, one powder.

January 14th. Well, except prolapsus when bowels move. Says he can out-run any man of his age in county. Sac. lac.

January 29th. Has diarrhoea for 10 days. Has an ulcer on right great toe; lost the nail; painless. Ars. 4, in one dose.

February 2d. Bad attack this morning early. Arsenic 100, in water, every two hours.

February 29th. Weighs 120 pounds; says he can eat all the time; still has prolapsus when bowels move; still careful in his diet, not from fear of diarrhoea but of pain in stomach, etc.; *bowels natural*.

I have given particulars so as to invite investigation, for there was a time when it would have been difficult to convince me that this report was true. I ask anyone to show that this case is not a CURE. Whether the microscope or spectrum analysis would reveal molecules of Arsenic or not is immaterial, but Dr. Mayo was cured, and if there is anyone who thinks he was not, let him say so or forever after hold his peace.

There was nothing in the case demanding any especial skill. The indications for Arsenic were such that any practitioner calling himself a Homœopath could not mistake. It cured when administered in the minimum dose, and was allowed to exhaust its action before another dose was given, mostly; so that each administration of the drug proved its efficacy.

RINGWORM.

By W. A. DEWEY, M.D., SAN FRANCISCO.

Among the diseases of the skin whose origin depends upon the development and subsequent ravages of a vegetable parasite, none are so frequently met with, nor so rebellious to treatment, in its different varieties, as the affection called Ringworm.

I do not propose, nor is it possible, in the province of such an article, to enter into an elaborate dissertation on this disease upon which many whole volumes have been written, but shall endeavor to give a brief résumé of its important features, its diagnosis, and the most approved methods of treatment.

Ringworm is essentially a disease of childhood, although it is often seen in adult age. It is contagious, and may be conveyed through the medium of clothing, towels, brushes, combs and sponges, and cases have been known to be transmitted through the atmosphere. It occurs among the rich as well as the poor, but is especially frequent among the school children of the poorer classes, where they are badly nourished and of a lymphatic temperament.

It may attack any part of the body, preferably the scalp, in children, in adults it is usually found on the hands, face, or other exposed surfaces; receiving different names in different localities, and also in different modifications of the disease.

The essential cause of the disease in all of its forms, is the growth of a vegetable parasite, which affects the deeper portions of the skin, especially those parts covered with hair.

These spores or parasites, were discovered by Gruby, and were soon after described by some French and German physicians, who gave them the name of *trichophyton*. They are readily seen by soaking the hair bulbs in ether, and then placing them in a drop of glycerine, and examining them with a microscope under a power of three hundred or four hundred diameters. They group themselves around the roots of the hair, destroying its nutrition, rendering it brittle, and

at the same time forming a resistance to its extraction, which upon being attempted breaks off at or near the surface of the skin.

SYMPTOMS. Ringworm of the scalp, *tinea tonsurans* or *tinea tonsdens*: The first appearance of this form of Ringworm is characterized by the development of small, round, erythematous patches or rings of a pinkish color, and rather rough surface. The margins of these surfaces are brighter red than the central part, and little vesicles are developed on them,—*herpes circinatus*. These vesicles last but a short time, and are followed by the changes in the hair and on the surface of the skin. The parasite forms a collar-like projection around the hair at its exit from the skin, producing a crust of a dull white or slate color, in the center of which one may see a little black point—the broken hair.

The surface denuded, resembles very much a man's beard of one or two days growth, and in extent often reaches the size of a silver dollar, reminding one of an ecclesiastical tonsure.

The disease may progress, and acute inflammation occur in the hair follicles, leading to destruction of the hair, and production of permanent bald patches, this termination however is rare.

The duration of scalp ringworm is variable, thirty or forty days, even under the most favorable circumstances will be required to cure it; in most cases a much longer time, three or four months, or even more will be required. The parasitic principle remains living from eight months to a year.

In that form of ringworm which attacks exposed surfaces,—*tinea circinata*—the reddish spots on the margins extend little by little in a circular or semi-circular direction, constantly growing larger in circumference, the central part being covered by scales, and debris of the inflammatory action. These reddish spots on the margins become vesicles, then pustules. There is always more or less itching or smarting in both of these varieties. This variety of ringworm is much less difficult to treat than the *tinea tonsurans*, cases have been cured from eight to fifteen days, though a much longer time is usually required.

In children, ringworm is liable to change about from one place to another on account of the scratching, thus transferring the parasite. In rare cases the ringworm fungus attacks the nails, rendering them dry, thick, fissured, brittle, and very tedious to cure.

Ringworm sometimes attacks the hair of the beard—*tinea sycosis*. It presents the general features of *tinea tonsurans*, and is distinguished from simple sycosis, in that the latter is localized, while the former is liable to spread all over the beard.

A rare form of ringworm sometimes attacks the inner sides of the thighs between the nates and the genitals—*eczema marginatum*. It spreads at its circumference in the same manner as *tinea circinata*, the central portions healing with pigmentation. In old cases the fungus is absent and the disease partakes of the character of eczema.

DIAGNOSIS.—The diagnosis of ringworm is not always easy, yet with ordinary circumspection errors are readily avoided. It has been mistaken for eczema, impetigo, pityriasis, psoriasis, favus, and alopecia areata, a few of the leading points of distinction may not be amiss.

In eczema the hair is not brittle, there are oozing vesicles, and extreme itching; the crusts of eczema are clear and white; the thick, dark concretions of impetigo, which are readily detached, will distinguish it from ringworm.

In pityriasis the spots are rarely circular, there is much fine scurf and no alteration of the hairs, and the places have a uniform character.

Psoriasis is readily separated by its thick shiney scales on indurated bases, and evidences of the disease on other parts of the body, as the elbows, knees, etc. In favus we have the fetid odor; the hairs come out whole and do not leave the stubble-like appearance of ringworm; then too, the crusts of favus are thick and sulphur colored. A careful examination of the hairs will distinguish it from alopecia areata.

PROGNOSIS.—As this disease has little or no influence upon the general health, its prognosis is not serious. It has a

tendency to become chronic if left to itself, in which case the parasite having burrowed into the bottom of the follicle, renders the disease far more intractable to treatment. The time required for its cure, then, will depend very much on the length of time the disease has existed.

It is sometimes very difficult to tell when a case of ringworm of the scalp is entirely well,—however it can be safely said to be entirely cured when upon careful examination of the scalp no more black stumps can be found, and new downy hair freely grows on the denuded surfaces, but to detect this, needs the closest observation for sometime after the disease is *apparently* cured.

TREATMENT.—The first indication in this, as in all other diseases, is to remove the cause, kill the parasite and prevent its multiplication.

Ringworm of the scalp has been spontaneously cured by accidental suppuration, thus killing the parasite.

Epilation, practiced by means of forceps specially adapted to the purpose, is the method employed at the Hospital St. Louis, at Paris. It is, however, painful, tedious, and difficult to practice, as the hairs are so brittle—still, if thoroughly done it is effective, it must be persisted in until the hair grows normally.

A difference of opinion exists in our school as to the best method of getting rid of the parasite, some claiming that they can produce by internal medication a condition in the system such as to force the parasite to leave, or die, and several cases have been reported as cured by this method—however, I am inclined to believe that in these cases the parasite must have died from the want of proper elements to feed upon, as the time taken for curing it was so long.

I think the majority of physicians regard the parasite as a foreign body, and that mechanical or chemical means for its removal are the “shortest, safest, and most certain,” however, for the after treatment of this disease, I would urge the importance of the carefully selected homœopathic remedies, as the most beautiful results have followed their use in this, as well as a prevention of a return of the disease. Therefore I shall mention some of the most commonly used local

applications, as well as a few of the leading homœopathic remedies, used in the treatment of this disease.

Among the most effective parasitocides used in the treatment of ringworm is a solution of bi-chloride of mercury, 1 or 2 parts to 1,000 of water, the parts to be thoroughly rubbed with this lotion. It is better to cut the hair off short from the affected part, extending for one-half an inch on to the healthy portions, than to shave the head, as the diseased points are more easily seen.

An ointment of the red precipitate of mercury has been used with good results.

In a late number of a French medical journal, treatment with croton oil has been reported as being eminently successful, rarely failing to totally destroy the parasite. Its application and mode of action are as follows: A stick of cosmétique is made of 2 parts croton oil, 1 part of cocoa butter and 1 part of white wax, and is surrounded by a metallic paper. The parts being first thoroughly cleansed, this is rubbed lightly over them for one-half to one minute only, or a small particle is scratched off and applied, the whole is then enveloped in an air-tight dressing; this inflames the surface very quickly and produces an artificial suppuration which kills the parasite. The croton oil may be applied with a fine camels hair brush and the parts afterwards covered with a linseed-meal poultice. The diseased points become covered with vessicles, then pustules, and then lastly by crusts, which resemble impetigo and are easily healed by any simple treatment.

One friction with this is rarely sufficient, 5 or 6 may be required, but 15 to 30 days should intervene between each application, and if the surface is large it is better to do only part of it at a time. This method is not a painful one, it only causes slight itching, and is probably the most efficacious in old and obstinate cases. The subvention of erysipelas is rare. If the disease is near the forehead or temples, it is better not to use this method.

In those cases which attack exposed surfaces, the beard, and also in *eczema marginatum*, cleanliness, and the application of corrosive sublimate, 1 part to 200 or 300 parts of

water, tincture of iodine, oil of cade, acetic acid, or chloroform will be sufficient to effect a cure. An ointment made of Boracic acid has also been used with success in the milder forms of the disease.

Among the most commonly used Homœopathic remedies are Sepia and Tellurium,* both causing a vesicular eruption, with a tendency to spread itself in circles. The former is said to be specific, preventing the spread of the disease if given early. Among other remedies may be mentioned Calcarea, Graphites, Hepar, Rhus, Psorinum, Sulphur, and many others, but as each case requires individualization, I shall not attempt to give the indications, but will refer the reader to the Materia Medica.

When a child is affected with ringworm, great care should be taken to prevent other children of the same family from infection; hence, use of the same clothing, linen, towels, brushes, or combs should be avoided until they are thoroughly cleansed, the former should be well boiled, and the latter cleaned with a ten per cent. solution of carbolic acid. One of the best preventatives is to rub a little carbolic oil, 1 part of carbolic acid to 8 parts of olive oil, into their scalps. These remarks will apply to outbreaks of the disease in schools and asylums. In all cases perfect cleanliness must be observed.

CLINICAL CASE.

By J. B. CLOW, M. D., SAN JOSÉ.

I was consulted in December, '83, by a lady, age 52, of phlegmatic temperament, blue eyes, fair skin, frame solid and compactly built, who had been troubled for two years with a constant desire to pass water both day and night, but worse at night, giving her but little rest. Urine is of very light color, and passed in large quantities; examination reveals no sugar nor albumen present. Her physicians have given no relief, so she had made up her mind to endure the inevitable.

* We would caution against the use of Tellurium except in the higher potencies, on account of the fetid and protracted odors it may produce in the secretions.—EDITOR.

My first prescription was *Phos. Acid* 4x with little effect, except to lessen very slightly the quantity of urine passed.

Jan. 15th, *Kreos.* 3x night and morning was given with very marked aggravation of symptoms, especially the frequency of calls to make water.

Jan. 20th, *Kreos.* 2c was given, 6 pellets night and morning, with prompt relief and continued improvement.

Feb. 17, patient writes: "I am much better; I have tried to count for a week, and I find I have to get up only two or three times before going to sleep, and about six times in all. That constant desire all day to relieve the bladder has left me. When I consulted you I scarcely had a night's rest; I think I had to get up sometimes every three minutes."

SEWERS AND SEWERAGE.

PAPER READ BEFORE THE SOCIETY OF MODERN MEDICINE AND SURGERY OF
SAN JOSÉ, BY WILLIAM SIMPSON, M. D.

It may be stated as an axiom in the practice of medicine, that the best results will be reached by the physician who "generalizes the disease and individualizes the patient"—never forgetting that as no two faces are exactly alike, so are no two cases exactly identical, and typical cases are the exception rather than the rule; while failure alone awaits the practitioner, who, looking upon diseases as entities, treats names rather than conditions; so in the consideration of the sewerage question, while certain fundamental principles underlie the subject, a knowledge and appreciation of which are necessary for its understanding, and on which principles all systems of sewerage must be based; yet the physician or sanitarian who recommends, or the sanitary engineer who constructs a system of sewers alike in its details, varying it only in reference to its carrying capacity, without taking into consideration, in addition to the topography of the town or city to be drained, the amount and distribution of the rainfall, the climate, character of the soil, construction of the houses, composition and quality as well as quantity of matter

to be disposed of and dangers to be overcome and avoided, will fail as utterly and signally as the physician who treats names rather than individuals. Even those young in practice can recall numerous remedies presented to the profession with a flourish of trumpets by enthusiastic discoverers as vaunted specifics for nearly all the ills that flesh is heir to, and in the reactionary disgust that follows over-praise, many valuable drugs have fallen into disrepute, and lost even their legitimate place in the pharmacopoeia; so of sewers and sewerage so much has been expected, and so much reliance has been placed upon them as sanitary agents to the total neglect of all other measures, that in the revulsion of feeling there has been great danger of going to the opposite extreme, and condemning all sewers as productive of the very evils they were intended to cure. Truth very rarely lies with extremists or at extremes; and while very little indeed would be accomplished without enthusiasts or hobby riders to drag or push public opinion, the middle course is usually the more safe one and the middle ground the more tenable. The careful and scientific investigations now being carried on all over the world, will most assuredly settle the vexed questions as to the best methods for the construction of sewers and disposition of sewage. Two main problems enter into the discussion of this subject. First, shall storm water be admitted to sewers, or better stated, shall sewers be so built as to carry both storm water and waste products, or the latter only? Second, what shall be done with the sewage? Fortunately our nearness to tidewater, with sufficient fall to secure a constant flow, and the completion of the main sewer to the bay, takes this latter factor out of the discussion so far as San José is concerned, but for inland towns or cities situated on running streams, it is a question of vital importance. Dirt and impurities are somewhat indefinite conceptions, and are usually simply thought of, or held to be, those things which offend against sight and smell. The three great diluents are the earth, the air and water in motion. Before careful chemical analysis demonstrated the contrary, it was held by all sanitarians that water purified itself, and that to conduct waste or filth of

any sort into a running stream beyond low water mark, was to dispose of it finally and effectually. The most extensive and expensive systems of sewerage were built on this plan in many European cities. Numbers of instances could be cited where rivers, after receiving the drainage of immense cities, purified themselves so readily that the water was used for all purposes by towns a few miles further down the stream, and learned treatises were written, explaining the reduction of organic matter by the oxygen of the air in the water. But mark the result. In a comparatively short period, epidemics appeared in these towns in spite of the fact that in some of them all the water was passed through filters of the most improved construction, and chemical analysis showed that, while the water was *clarified* it was by no means *purified*, but contained a dangerous proportion of organic matter, and in spite of the most strenuous opposition the courts compelled these towns to stop pouring their filth into the streams. What is the lesson we learn from this history? First, that a stream has only a limited capacity for self purification; second, that most of the organic matter sinking to the bottom or spreading to the banks, is absorbed by the soil until it becomes saturated, and makes the whole stream a veritable cesspool, contaminating the air and carrying destruction in its path. To remedy this evil, filtration and precipitation were tried and failed, and at the present time the weight of authority seems to show that the soil is the natural purifier of liquid sewage. A soil unpolluted will remain pure, and if we cease adding impurities, it will gradually purify itself by a nitrogenizing agent, which is impalpable, but as certain in its action as the "*Bacillus malaria*," for which such diligent search is now being made. A sewage farm must be of sufficient size to absorb the sewage, and not simply allow it to flow over the surface. Its soil must be porous, and it must be cultivated at least once a year. Experience shows that fresh sewage is not very offensive, and that sewage farms carefully conducted are very productive, and wholly unobjectionable. The waste acids, dyes and other chemical refuse, which would be destructive to vegetation, being so diluted as to be no longer

injurious. An extensive experiment in sewage farming is at present being conducted at Pullman, Illinois, and its results are being carefully observed by sanitarians. In California, where irrigation is so marked a feature of our agricultural system, sewage farming should be eminently successful, and in inland districts solve the problem of the disposal of the waste of house, hamlet or town. A few years ago the question of the admission of storm water to sewers, or the construction of storm water sewers, a division of our subject of the greatest interest and importance would not have been for one moment considered, but at present the weight of opinion among those who have studied the subject seems to be most emphatically in favor of small sewers, easily cleansed, and from which everything except house waste is excluded. In considering this question, it is essential to take into consideration the amount and distribution of the rainfall throughout the year, and the facilities necessary for the cleansing of large sewers. However necessary it may be to provide storm water sewers where the principal rainfall occurs during the hot season, when pools of stagnant water would be of imminent and immediate danger, and however valuable such sewers may be where the frequent, though irregular, showers can be utilized for flushing purposes, no such need can prevail in a climate like that of the coast and southern regions of California, where rain falls only during the winter season, and where, during the summer, water for flushing large sewers cannot be procured. The smaller the pipe that will carry away the waste, the more easily can it be kept clean, as the larger the stream flowing through a sewer the less the deposit to be washed out by the flushing process. In the city of London, under the supervision of Mr. Geo. E. Waring, Jr., engineer of the Memphis, or, as it is now universally called, the Waring Sewerage System, a twelve inch vetrified stone pipe was laid inside one of the magnificent sewers of that great city, and 2,800 houses, representing a population of over 25,000 people (ten persons to a house is a small estimate for London) connected, and this pipe was found to be of ample size for this number. In a city the size of San José the houses connected with any lateral sewer

could not exceed two hundred, and a much smaller pipe would perform the required service. What shall be done with the surface water in those low places where it collects and stands in pools during at least a portion of the dry season? To this question the answer is easily found in a system of subsoil drainage, such as can be constructed at small expense, so as to easily and readily carry off all the surplus water. For San José, then,—and a system applicable to this city would be equally satisfactory to most California towns,—the demand seems to be for a system of small sewers, which shall carry house waste alone, house waste of course including all wastes from manufactories and hotels, with which every house should be connected. These sewers should be cleansed every twelve or twenty-four hours by automatic flushing tanks, and would give all the advantages of a perfect disposal of filth of all kinds, with none of the disadvantages of the formation and retention of noxious vapors in large, dirty, improperly ventilated sewers.

NOTES FROM MY CASE-BOOK.

By RICHARD SCHULZ, M.D., SHASTA, CAL.

First—A half-breed Indian, 23 years old, had typhoid-pneumonia. It was a very severe case, had lasted a long time and there was great prostration. Besides many other remedies, Sulph. 3d and 200 had been given without benefit. After taking Psor. 6, he commenced to gain strength and recovered. Indians and half-breeds seem to have less vitality; the medicines do not reach so well and they give up at once. This is at least my experience with them.

Second.—An infant, eight days old, was taken sick with tetanic rigidity. The person who came for medicine said that the child's respiration was much oppressed, that it had a rash and lay apparently lifeless. I sent Ipec. 3, which cured promptly.

Third.—A girl seventeen years old, had always a short time before and during menstruation, violent spasms

of the arms (jerking) with headache. These paroxysms were always controlled by Verat. Viride, fifteen to twenty drops of the tincture in half a cup of water.

Fourth.—A boy, three years old, had croup, getting worse since two or three days. I could not go out to see him and sent Acon. and Spongia to be given more or less often, according to the severity of the symptoms. These remedies had always helped in ordinary spasmodic croup.

The next night I was called in haste, I found the child in a critical condition, the right parotid gland swollen, the breathing short and sawing with aggravations to suffocation. I gave one-half teaspoon of Sulphate of Zinc dissolved in a little water, after which the child vomited a quantity of tough mucus with some relief. Hep. Sulp. $\frac{3}{10}$ trit. and Kali bich $\frac{3}{10}$ trit, improved all the symptoms very soon. It went to sleep towards morning and was almost well the next day.

The *Hahnemann Monthly* for March has an article about the successful treatment "of Membranous Croup, by Dr. Falligent," treated with the same remedies. He gives Hep. Sulp. and Kali bich crude. For addition he uses the steam atomizer, charged with twenty to thirty drops of Turpentine, dissolved in ether and alcohol. He considers the employment of the atomiser as very important. Potentised remedies without the latter have always been successful, in my hands.

Fifth.—*Lilium tigrinum* $\frac{2}{10}$ dil., given for prolapsus uteri, produced in two cases hemorrhage during the time that the remedy was taken.

Hering's Cond. M. M., has no symptoms of hemorrhage. In Hale's new remedy we find the following one: Menstruation returned—hemorrhage—after having been absent for two years in the case of a person who passed the climateric. The "hemorrhage" in parenthesis is Hale's note.

Sixth.—A case of irrepressible vomiting during pregnancy was soon cured by Cup. ars. $\frac{3}{10}$ trit. I saw afterwards that Dr. Marsden in his "Practical Midwifery" recommends this remedy very highly in this affection. This was a very bad case and the woman had been given up by an eclectic.

Seventh.—A young man, who had had erysipelas of the face, treated with cranberry poultices, which is here a popular remedy complained of pain in the chest, headache, constipation and of great weakness. He had not been able to do any work for nine months. Nux vom. 3 taken at the evening and Sulph 3 in the morning, which medication was followed as he described it, "by a general breaking out all over," proved curative.

Another case of suppression of erysipelas by cranberries presented similar symptoms, with the addition of severe burning between the shoulders.

Eighth.—A decoction of yellow Dock (*Rumex crispus*) seems to be a successful remedy against piles. It has many symptoms pointing to abdominal complaints, and the following symptoms more directly pointing to hemorrhoids: Sensation as from a stick in the "rectum." I do not think that it ever has been used in our school against hemorrhoids.

Ninth.—I had last fall 53 cases of Intermittent Fever, which I cured—with the exception of three, who resorted, after the first prescription failed to cure, to quinine—by Ars. alb. 2d and 3d, Ipec. 3, Nux vom 3, Natr. mur. 3, Podophyl. 2 and Puls 3.

Thirty cases got well after the first prescription of Ars. and Nux vom.

Ten cases, in which bilious symptoms predominated, required in addition Podophyl.

Six cases with gastric symptoms, of which two with hæmatemesis, were cured by Ipec. and Nux vom.

Three cases of long standing were cured by Natr. mur, and one case with suppression of the menses required Puls.

The chills were always first to leave. Many of the patients lived in the mining regions and had sent for medicine. This way it was often utterly impossible to get at all the symptoms, which we consider essential for accurate prescribing, so that I was myself obliged in many cases to adopt some kind of routine treatment. I had besides to give tangible doses in order not to lose their confidence at the start.

I gave 1 grain of Ars. to be alternated with a teaspoonful of the solution of $\frac{1}{2}$ drachm of Nux vom. to a cup of water. Four doses during the day.

My conscience as a Homœopath revolted at first against such prescribing, which was forced upon me, but the singular good success which I had in the treatment of Intermittent Fever, which went far to introduce Homœopathy in this western part of this county, soon lulled it to sleep.

It must be kept in mind that I have to deal here, to a great extent, with people entirely uneducated, who use all kinds of Patent Medicines and are accustomed to see the worst kind of Allopathy. It is necessary, so it seems, to bridge over to such patients, as much as possible, the deep precipice which separates such kind of practice from advanced Homœopathy. I have to do here the work of a pioneer; those who come after me will have it more easy.

Tenth.—Mr. S, 54 years old, received a rupture by heavy lifting. It was a right direct inguinal hernia, and protruded on coughing or standing, to the size of half a hen's egg. He took Nux vom. the 3d and 200th for dyspeptic symptoms, at intervals and for some time. Nux vom. the third had always produced pain in the rupture and sleeplessness.

Now he has discovered, and convinced me of it, that he can dispense with his truss, as the hernia does not protrude any more, even after active exercise. He wears the truss now merely as a precautionary measure. Has Nux vom. cured it?

Arthur Lutze cites a case in a woman 73 years old, of seven years standing, which he cured by one dose of Nux vom. 3.

SOME URINE TESTS.

By E. H. RUSSELL, M.D., HOMŒOPATHIC HOSPITAL.

In these days of condensing, it is important that the physician have at hand, time and labor saving methods. Urinalysis is now an important factor in diagnosis, revealing to

the practitioner what otherwise seems obscure. Especially at the bedside is it valuable, and on its results depends prognosis and treatment. Some of the profession carry with them in their daily visits materials for the common albumen test, heat and nitric acid. By far the most delicate and easiest of application is the picric acid test. This substance is of a light yellow color, resembling somewhat tannic acid, is sparingly soluble in water. The ordinary method of performing this test is as follows: Make a saturated solution of the picric acid in boiling water; take of the suspected urine a sufficient quantity in a test tube, and with a pipette or drop tube, let fall drop by drop on the side of the test tube the picric solution. This should be done carefully so that it will form a layer above the urine. If albumen is present in ever so small a quantity it will form a coagulated zone at the point of union of the two liquids.

Now this form of the test is more suited for the laboratory than the sick room. The method best suited for the bedside was first brought to my attention by a letter of Dr. Granville Faught of Philadelphia, to the *Medical News*. He recommends the use of a large pipette, plunged into the Acid solution, a quantity taken up, and with the finger held over the top of the pipette it is then plunged into the urine and a quantity of that allowed to enter when it may then be examined. In this test at the junction of the two liquids, when albumen is present, will be formed the characteristic ring.

I have before stated that this test is delicate. Quantities of albumen undiscoverable by the old tests are discovered by it. Our brethren of the regular school make loud objections to it, because it will form a precipitate when large doses of quinine or the potassium salts have been taken and no albumen may be present. In this case, to the representative of mild medicine it has a fixed value, for we are seldom called upon to give large doses of either.

The best method of preparing the solution will be as follows: Take four ounces of water and add thirty grains of picric acid; set the bottle containing the two into boiling water and bring the contents to the boiling point; any undissolved quantities may be filtered off. Care should be used

in the use of it, as it stains a bright yellow but is not corrosive like nitric acid.

Among other agents for testing albumen may be mentioned (a) saturated solution of ferrocyanide of potassium with citric acid (b), acid nitrate of mercury and (c) iodide of mercury and potash with acetic acid. A limited experience forbids further elaboration, but it is sufficient to say that only the potassio-merc. iodide has the same sensitiveness as picric acid. The fact that no acidulation of the urine is required in the picric test is sufficient to recommend it for a means of quick diagnosis.

OPERATION TO REMOVE FIFTEEN FATTY TUMORS.

BY DR. E. W. CHARLES, NEVADA CITY, CAL.

Mrs. Charles Jansen, of this city, consulted me on account of a large bunch on right side extending from ear downwards nearly to the clavicle. My diagnosis was Fibroma or Fatty Tumors, and advised their removal. She said she had consulted three allopathic surgeons here and they diagnosed enlarged glands, and advised they be let alone. I then showed her two newspaper accounts of similar operations made here, in one case removing *thirteen*, and another, five tumors in same locality, and told her of a third case, from whom I removed six, all involving same tissues or locality, save two on left side and one on right side of neck, all made in this county. She at once consented to an operation, which was set for March 27th. There being no Homœopathic M.D. in the county I called on Dr. Jameson, a *very skillful* young allopathic surgeon, one of Prof. Lane's students, and he does credit to the Professor's teaching, and Dr. S. M. Harris, both of our neighboring town, Grass Valley, to help me; Dr. Jameson being my right hand man with the bull-dog forceps, ligatures and sponges. I began my incision under the ear carrying it downwards and forwards about on the line of the anterior edge of the sterno-cleido mastoid, extending to the superior edge of the omo-hyoid carrying it through the integument, superficial fascia and platysma-myoides I

came upon the growths, thirteen in number, from the size of a hen's-egg to a hickory nut. I soon found I had the most difficult surgical task I had ever undertaken. The connective tissue instead of being readily broken up by the handle of the scalpel was *fibrous*, and had to be dissected every hair's breadth, which I found a little difficult, and required considerable care, when I got down to the external carotid and external jugular vein, from the sheaths of which I had to dissect my growths for two and one-half inches. The only artery I was obliged to ligate was the occipital, which passed directly through one of my tumors. When I got through I had a very pretty dissection of superior carotid triangle. I brought my wound together by silk sutures, bringing the ligature which tied the occipital artery out at the lower angle of the wound, thereby furnishing nice drainage. I put the patient on Aconite Rad. and Calendula mixed. The wound united by first intention its entire length, (about five inches) save about one-fourth inch where the ligature from the artery came out. The third day patient was up and dressed; had not had any pain. On the fourth day I removed all the stitches; the 8th, the ligature on occipital artery came away and the wound closed without trouble. The patient was in the office to-day, the 7th, just eleven days from the operation, well. Our Old School brethren poke fun and growl at Homœopathic pellets, and cry quack, etc., but don't know what to do or say when the Homœopath's scalpel gets away with them.

UNUSUAL CASE.

I report this case for its novelty.

Called to see Mrs. T., nearly *seventy* years old; found her up and looking well—was therefore surprised, and more so when she reported that just twenty-eight days previous she had menstruated as regularly as ever before, and as at this time, without any untoward symptoms. I analyzed my case closely and am satisfied that it was not a hemorrhage of any character, but normal menstruation. This is the second case which has come under my observation in the past twenty years. The other, a Mrs. W., who after the age of 60 began to menstruate regularly and continued to do so for three

years, her gums soon began to be sore—she had artificial teeth and was obliged to take them out, and she cut a full set of milk teeth.

AN ANOMALY IN RADIAL ARTERY.

By Dr. E. H. RUSSELL.

A curious deviation in the course of the radial artery was lately observed at the San Francisco Homœopathic Hospital. The house physician, wishing to count the pulse, pressed his finger in the usual course of the artery, but no pulsation was discoverable. Continuing his search, the artery was at last found on the back of the wrist and superficial. It left the true course an inch and a half above the radio-carpal articulation, crossed the radius and followed down the back of wrist and hand and entered the hand between the thumb and first finger. The patient was a female and the artery well developed. The same deviation occurring in a male might be very dangerous, owing to its superficial course and the liability of the part to accident.

A PECULIAR CASE.

By Dr. SIDNEY WORTH.

Was called March 15th to see Mrs. M., a young married woman 16 years of age, seven months advanced in pregnancy.

Two days previous to my calling she had taken a long walk, and that evening on retiring found the following condition of affairs: Enormous swelling of the *Labia Minora*, which extended down $4\frac{1}{2}$ inches on either side, presenting the appearance of distended bladders. Locomotion was rendered impossible, and consequently she was in bed. The only subjective symptom was simply a burning sensation in the swellings.

I found some slight swelling in the lower eye-lids, and considerable oedema in the legs. Urine was found natural as to quantity, but fully 25 per cent. albuminous.

Treatment: Kept her in bed, and gave Apis 2x, five drops in 2 oz. of water, a teaspoonful to be taken every hour. On the third day the swelling began to subside, when the medicine was given every two hours, and as improvement continued the interval between taking the medicine was lengthened. At the end of ten days the swelling had disappeared, not only from the Labia, but also from the limbs. No albumen was found in the urine at end of treatment.

The points of interest in the case are as follows: (1) the enormous swelling of the *Labia Minora*, and the Labia Majora remaining intact; (2) the query as to the cause of the abnormal condition, whether from pressure of the child in utero, or from the kidney trouble; (3) the beautiful action of Apis in the case.

CLINICAL ITEMS.

Dulcamara. Quarrelsome mood, without vexation, worse in afternoon.

Dulcamara. Headache, in occiput, ascending from nape of neck. Icy coldness of body. (*Lac. defl.*, *Lachnantes*.) Headache relieved by conversation. (*Eupat. Perf.*)

Dulcamara is one of the best remedies for herpetic eruptions on the face, especially in children. Humid eruptions on cheeks, warts and thick, brown or yellow crusts on face.

Dulcamara acts very prominently on the umbilicus, producing a variety of sensations and pains in that region, and is one of the best remedies for colic, caused by cold.

Dulcamara is a remedy *par excellence* for urticaria. For hives that come on at night, especially when nights are cool with heavy dew after a hot day, or for hives coming on when weather changes from hot to cold and damp. (M. B. FULLER.)

Myrtus. Stitches in the left breast, running to the shoulder-blade. Whenever this symptom occurs, especially in neglected pneumonia, phthisis, &c., the *Myrtus* is specific.

Fagopyrum. Post-nasal catarrh, where each exposure increases catarrh with formation of dry crusts and granular-like appearance of posterior nares and intolerable itching, which patient tries to relieve by use of his tongue.

Aesculus. Cold extending to posterior nares and also down the pharynx, with dryness and a scraping or burning feeling, mucus drops down and causes choking.

Sinapis. Dryness of anterior nares and also in pharynx—of posterior nares with slightly lumpy secretion.

Wyethia. Pricking, dry sensation in posterior nares; granular appearance of pharynx.

Penthorum. Feeling of moistness of posterior nares—sensation of fulness of nose and ears—posterior nares raw as if denuded.

Osmium. Coryza, sneezing as if from snuff, larynx sensitive to air; small lumps of phlegm loosen from posterior nares and larynx—severe pain in larynx, worse when talking or coughing.

Teucrium. When there are large irregular clinkers hawked from the posterior nares.

Cinnabar. When the post-nasal discharge is a dirty yellow color.

Sulph. acid. When the discharge trickling down from nose is thin and lemon color.

Saponin. Tough, tenacious mucus extending to the larynx.

Quillaya. Cold in head contracted in warm, damp weather.

Sanguin nit. Rawness and soreness in posterior nares and hawking of thick yellow, sometimes bloody mucus.

Antimon. sulph. Excessive secretion from posterior nares.

Theridion, Aurum and Kal. hyd. syphilitic cases. (DR. E. A. FARRINGTON.)

Viscum album in chronic endometritis (granular endometritis). It is an admirable remedy in these cases, characterized by enlargement, either subinvolution, aveolar hyperplasia or hypertrophy. It acts upon the circular fibres of the uterus, causing contraction, and through this means the pathological engorgement is relieved. The first menstrual period may be profuse and prolonged to even three weeks after commencing the *Viscum*, but have no fear, it will be of decided benefit to your patient and permanent. I use the first decimal in from 3 to 5 drops three times daily.

Picric acid may be remembered better perhaps, if I call it a tonic. It is indicated in a condition simulating chlorosis, great loss of vitality, not from hæmorrhage particularly, but from a general deterioration of the blood. Your patient will complain of coldness, weariness, physically and mentally, general asthenia. I use the 6x three times daily.

Sanguinaria comes into use here also. It has the reputation of curing polypi. My indications are menses delaying or not appearing, with cough, periodical neuralgia on the right side with flushing of the face—3 x to 6 x, menorrhagia, metrorrhagia, with the cough, neuralgia, &c., 30 to 200. (DR. J. H. CARMICHAEL.)

PERSONAL NOTES.

DR. C. S. SARGENT who succeeded to build up a brilliant practice in Lockeford, sold out to Dr. Barbour, a worthy successor, and started for the East last month. He intends to spend two years in the hospitals of Europe, pay especial study to surgery, and will then return to this country and make a specialty of surgery. Knowing the doctor's perseverance and success in everything he undertakes, we feel sure he will derive the utmost possible benefit from his trip abroad. He promises to correspond with the HOMŒOPATH.

THE EDITOR gratefully acknowledges contributions from DR. CURRIER, on Phthisis Pulmonalis; from DR. MARTIN, on Electricity; and he has the promise of another article by DR. SIMPSON on house connections, traps, etc., which is a most important subject of public hygiene.

DR. WM. BOERICKE has removed his office and residence to 834 Sutter street, one door below Leavenworth street, and changed his office hours to the following: Until 9 A.M.; 2-4 P.M., and at 7 P.M. His new telephone number is 2207.

DR. R. H. CURTIS has removed his office to 610 Mason street, just above Sutter street.

A PHYSICIAN from a prosperous mining town wishes a partner. He writes that it is an excellent opportunity for a good man, and that he will guarantee \$150 per month from the start. See advertisement.

DR. TISDALE & SON have opened an office in the Phelan Block, San José. We welcome these gentlemen to the Coast, and wish them success in their new field.

CORRESPONDENCE.

SAN FRANCISCO, April 5th, 1883.

DEAR DOCTOR:—During the present month your attention will be directed to the slip circular of the San Francisco Homœopathic Hospital.

Having assumed the professional management of the above institution, I desire the earnest co-operation of each and every Homœopathic physician in the State in making it a success. Let none look upon it indifferently but those who have no love in their hearts for our law of cure. It is desirable that this hospital become a clinical school, an exponent of what we consider rational medicine, and that we may attain that end, I again invite the influence and support of the profession. Respectfully,

E. H. RUSSELL, M. D.
Resident Physician.

NEW PUBLICATIONS.

Characteristic Conditions of Aggravation and Amelioration.

By E. J. LEE, M. D.

This little brochure is Supplement No. 4 of the *Homœopathic Physician*, the staunch, worthy advocate of pure Homœopathy; edited by the author. Like its predecessors, it is a most convenient little reference book to the conditions of aggravation and amelioration, without a thorough knowledge of

which precise prescribing is impossible. These conditions, according to the admirable language of that close observer, Boenninghausen, are characteristic of the drugs *not confined to one or another symptom, but like a red thread, they run through all the morbid symptoms of a given remedy*. Thus they form a most important guide in the selection of a remedy, and Dr. Lee has done good service in presenting us with this handy compilation.

The St. Louis Periscope and Clinical Review of Homœopathic Medicine and Surgery. A Monthly Journal. Edited by Professors E. C. FRANKLIN and PH. G. VALENTINE.

We are glad to see the consolidation of the two journals of our school published at St. Louis, and it was to be foreseen from the beginning that the older established would sooner or later swallow up the younger. The new journal gains in strength, and we hope it, as well as the college it pleads for, will succeed. Yearly subscription price \$2.00. Published by F. N. Nixon, S. L.

Aids to Medicine, Part 1. The General Diseases, Diseases of the Lungs, Heart, Blood Vessels and Liver. By C. E. ARMAND SEMPLE, New York; Putnam's Sons.

This little volume is one of the series for students on the practice of medicine, and contains short but accurate descriptions of the symptoms, pathology and treatment of the different diseases. It really consists of an abstract of lectures delivered to pupils preparing for the Royal College of Physicians and other medical examinations, and thus gives the essential outlines.

The Journal of Nervous and Mental Disease. Edited by WM. J. MORTON, M. D., New York; Putnam's.

This able quarterly begins with the January number its eleventh year. During its existence it has won its way to the highest recognition as an authority and guide in that branch of medicine of which it is the exponent. To the specialist and general practitioner it offers every quarter, everything new in the pathology and treatment of nervous diseases, and though the latter does not include Homœopathy, we can recommend it for the admirable résumé of the progress in physiology and pathology of this branch of medicine. The January number contains among others, an exhaustive article on Hystero-Epilepsy, by Dr. F. Bateman; Syphilitic Paresis, by Dr. S. Nightman; and the Proceedings of the New York Neurological Society, besides an admirable periscope.

Electricity in Medicine. By CHAS. MCQUESTEN, M. D., San Francisco: Bacon & Co.

The Hillocks or Mound Formations of the Pacific Coast. By GEO. W. BARNES, M. D., San Diego.

Popular Department.

CHOICE OF A FAMILY PHYSICIAN.

First. Be sure he is a graduate of a respectable college. You may properly ask him to show you his diploma. If he has some considerable experience all the better, but he need not have gray hairs or a big beard. Experience is not always with the aged. A physician's experience must not always be measured by the length of time his sign has been out.

Second. Choose the educated physician, and one that makes little noise and does not boast. See that he keeps good company, uses good language, is neat and polite, though not overmuch polite, for if so, suspect him.

Third. Select one who does not claim to know too much, for great claim to knowledge is a sure sign of ignorance. The truly wise never boast of their knowledge or make it conspicuous.

Fourth. Choose an honest man, who pays for what he has and makes no false promises. If dishonest in one way he will be in another.

Fifth. See that he reads and studies and is alive to the advancement of medical knowledge generally.

Sixth. Change not your physician for slight cause, nor in the midst of severe sickness, remembering Lincoln's advice not to swap horses while crossing a stream, nor to trouble him with much counsel. He will in many cases do better by himself. Give your physician your full and entire confidence—only then will he be able to do his best work for you.—
[EATON.]

DELICATE PEOPLE.

People who are general acknowledged to be "delicate" manage to get a great deal of sympathy in this world. Yet, if you observe the fact, you must see that it is the delicate people who escape the most fearful disorders, and in three cases out of four live the longest. Those of gigantic structure are almost always reckless of their health. They say, "Oh, there is no danger—nothing ever hurts me!" So they stand in draughts, and go out in the night air to get cool, and doff their flannels in April, and get their feet wet. But delicate people are shy of peril. They know that disease has been fishing for them for twenty years, and keep away from the hook. As a rule, those people whom everybody expects to die, and who are continually supposed to lie at death's door, live on most tenaciously. We know of a young lady who evidently married a wealthy man of eighty-five years on the ground that he was very delicate, and with reference to her one-third; but the aged invalid is so careful of his health, and the young wife is so careless of hers, that it is now uncertain whether she will inherit his storehouse or he will inherit her wedding ring. Health and longevity depend more upon caution and intelligent management of one's self than upon original physical outfit.

RHEUMATIC HEADACHE.

The *rheumatic headache* is characterized by great tenderness of the scalp, and the pain will sometimes extend to the muscles of the neck; the nape of the neck being uncomfortably stiff and aching. It will also shift from one tender spot to another. The face is occasionally but not invariably flushed. The pain is generally worse in the evening and night; always relieved by warmth and increased by cold. A drive in the cold, damp air is an infallible recipe for its production; and the warm, genial atmosphere of a room with a fire in it, a cup of hot tea or coffee, and local

warmth to the painful parts, form an almost equally infallible recipe for its relief. Its cure must be brought about by improving the patient's general health, keeping him out of harm's way, and obviating any rheumatic tendencies. As a rule, sufferers from this form of headache have been affected with rheumatism in other parts of the body besides the head; but there are exceptions to this rule. Those who perspire very freely are liable to be attacked by it; they must therefore take extra pains in not allowing the perspiration to be suddenly checked; and lest the perspiration should be too free and active in the scalp, they will wisely keep their hair cut rather short. They must also avoid malt liquors and very sweet or very acid wines; excess of sugar and excess of acids is almost invariably hurtful to patients of a rheumatic disposition. Warm clothing is indispensable in their case, as there is a tendency for this headache to become intermittent; for we notice that it is sometimes complicated with ague and facial neuralgia. It is well for the victims to this form of headache to give marsh lands a wide berth; and if their occupations must perforce bring them near these dangerous districts, let them always approach the enemy warmly clad and well nourished with good food. A thin coat and an empty stomach are the most tempting invitations a man can give for an attack of ague, neuralgia or rheumatism.

+ *Rhus tox.* should be used when there are rheumatic pains flying about the head, which pains are generally worse in bed, when the patient is quiet, or when he first begins to move about; when the scalp is tender, and when there is a liability to take cold from having the head made wet.

The pains of *Rhus* are generally increased by warmth; but this rule does not always apply to the rheumatic headache, for which this medicine is suitable, as these rheumatic scalp pains are invariably relieved by warmth, increased by exposure to cold, the change of weather, and in wet weather. As dry, warm air suits these pains to a nicety, so cold, damp air is poison to them. The confused, heavy, stupid headache of low fever, for which *Rhus* is given with advantage, is to be treated of in connection with fevers, a matter which does not come within the scope of this little book.

Bryonia has been quoted as a valuable ally in the treatment of dyspeptic headache. It is also of great service in the rheumatic headache, especially if the pains are improved by warmth; if rheumatism has attacked other regions of the body besides the scalp, and indigestion is an old standing trouble, then its help is all the more needful.

Actæa racemosa is a medicine that has won occasional laurels in headaches that touch on the borderlands of rheumatism and neuralgia; and in most instances women rather than men have been its most grateful admirers. Sulphur should always complete the cure of this, as of every form of rheumatism.—[*Shuldham*]

CLINICAL CASES.

BY E. W. BERRIDGE, M. D., LONDON.

Silicea in vertigo.—Miss L., aged between thirty and forty. I saw her at 8:40 A. M. Since 4:30 A. M. she had had vertigo, as if all things were going round; worse on lying down, especially *when lying on left side*; better by rising from lying, but returning soon after lying down again. Silica Cm (F. C.), one dose. After this dose there was no return of the vertigo, even when lying. *Silicea* is the only remedy known at present to produce vertigo *when lying on left side*. The symptoms were produced in a proving with the 2d, 3d and 4th potencies, and cured with the Cm potency. This case shows that organopathic Sharp's theory of regulating the potency of the remedy by the potency which produced the similar symptoms is untenable. Hahnemann gives us rules in his *Organon*, both for the regulation of the potency and the repetition of the dose, and these rules have never been refuted.

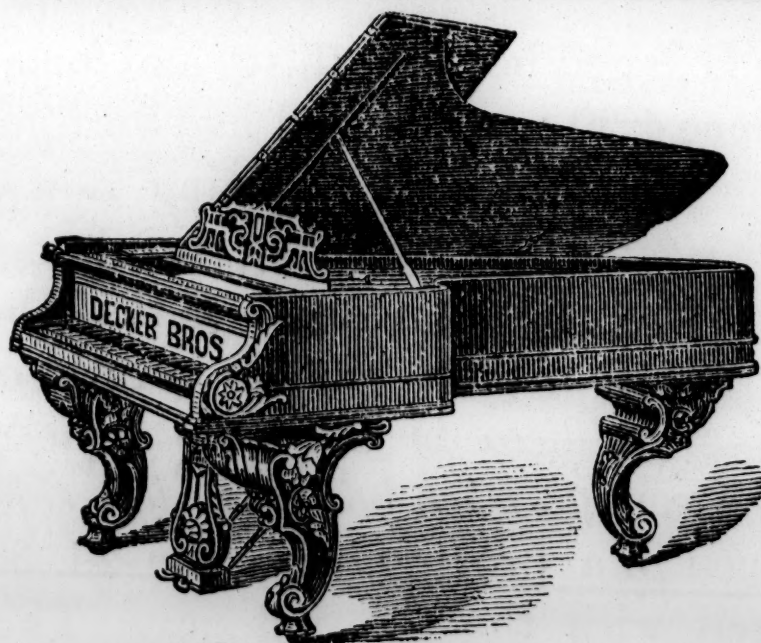
Arum triphyllum in sequelæ of typhoid.—Sept. 26th. A child, nine years old; seventeenth day of typhoid, which had been treated allopathically. *Bores violently in nostrils*, especially the left. *Bites her nails*. Purple spot on outside of left nose. Emaciation. Cannot sleep. Tongue white, with

red spots, especially red round the tip. Throws the clothes off herself. Urine scanty. Voice affected. I never saw this patient, but prescribed from the report sent me by a friend, *Arum triphyllum* 20m (Fincke) every four hours. (See Lippe's *Repertory*, p. 54.)

September 28th. Better; urine more copious; sleeps much better; still bores in nostrils. No medicine.

September 30th. Sleeps well; voice returning; urine free; bowels relieved yesterday. Has not picked her nose to-day, nor bitten her nails so much; not nearly so much boring in nose.

October 3d. Sleeps well; voice stronger; no boring in nose; less biting of nails; urine free; no stool since 30th; has taken beef tea; is stronger. The purple spot on nose has discharged pus. No further detailed report, but heard that she recovered.—[*Homœopathic Physician*.]



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